

CLAIMS ONLY

Application Number _____

Filing Date

Applicant(s)	
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* May be used for additional claims or amendments

CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
		Indep	Depend	Indep	Depend	Indep	Depend
1							
2							
3							
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46							
47							
48							
49							
50							
Total Indep	5						
Total Depend	17						
Total Claims	16						